



To: Healthy Families and Medi-Cal Program

From: _____

Family Member Number: _____

If you wish to give us permission to speak about your case with someone other than yourself, another parent or your spouse who is in the home, **you must:**

Complete the "Permission to share information with the following person" section by telling us their name. Sign and write today's date. They will complete the CAA#/EE# if applicable.

Permission to share information with the following person:

I give permission for the Healthy Families Program and Medi-Cal Program to give information over the telephone about the status of this application to a Certified Application Assistant of the Enrollment Entity organization identified. This permission will end on the date the program mails the results of the eligibility determination on this application.

Name: _____

➡ Signature: _____ Date: _____

CAA#: _____ EE#: _____

Mail this form to:

Healthy Families Program
Attention: Authorized Representative
P.O. Box 138005
Sacramento, CA 95813-8005

Or, you can fax to: **1-866-848-4974**. The fax number is free.

We cannot speak about your case with anyone other than yourself, another parent or your spouse who is in the home, until we receive this form.

If you have questions, please call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.